PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

CLAIMS AS FILED - PART I

Application or Docket Number

939-047

OTHER THAN

SMALL ENTITY

			(Column 1)		(Column 2)		Т	TYPE		OR	SMALL	ALL ENTITY	
TOTAL CLAIMS			24					RATE	FEE] [RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		E	BASIC FEE	375.00	OR	BASIC FEE	750.00	
TOTAL CHARGEABLE CLAIMS			2 4 minus 20=		* 4			X\$ 9=		OR	X\$18=	12.00	
INDEPENDENT CLAIMS			minus 3 = *		*	0		X42=		OR	X84=	0	
MU	LTIPLE DEPEN	DENT CLAIM PI	RESENT				T	+140=		OR	+280=	0	
* If	the difference	in column 1 is	less than zero, enter "0" in co			olumn 2	L	TOTAL		OR	TOTAL	822	
CLAIMS AS AMENDED - PART II										ı ~' '	1		
	<u> </u>	(Column 1)	(Column 2)			(Column 3)		SMALL ENTITY			OTHER THAN SMALL ENTITY		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIC PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***	- CI AIR 4	=		X42=		OR	X84=		
	FIRST PRESE	NTATION OF MI	JETIPLE DEF	ENDEN	CLAIM			+140=		OR	+280=		
							ا۔ م	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE		
(Column 1) (Column 2) (Column 3)										•			
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	EST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=	╽┞	X42=		OR	X84=		
L	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	LTIPLE DEPENDENT CLAIN			1 -				.000		
Ĺ								+140=		OR	+280=		
		Al	TOTAL DDIT. FEE	_	OR	TOTAL ADDIT. FEE							
	Sign Mary Assessment	(Column 1)		(Colur		(Column 3)	1 _						
AMENDMENT C		REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	\prod	X\$ 9=		OR	X\$18=		
	Independent	* INTATION OF MI	Minus	***	T CL AIRA	=	$\ \ $	X42=		OR	X84=	2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	
<u> </u>	I INST PRESE	INTATION OF MI	ULTIPLE DEF	CNUEN	CLAIM		¹	+140=		OR	+280=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." TOTAL ADDIT. FEE ADDIT. FEE													
		nber Previously Pa					er foun	d in the app	ropriate box	in co	lumn 1.		